

Lifeline Program Application

In New Hampshire, FairPoint Communications participates in the Lifeline Program which provides federal government assistance to qualified residence customers to reduce monthly telephone service charges. To enroll in the Lifeline Program, you must meet all qualifications, complete all sections of this application and provide all documentation requested. FairPoint will confirm your eligibility for the Lifeline Program.

CUSTOMER INFORMATION

☐ I am a FairPoint customer. I am 18 years of age or older and I am not claimed as a dependent on anyone's tax return.

Name _____ Last 4 Digits of Your Social Security Number: ____ _

First

Last

Telephone Number _____ Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Service Address of Principal Residence (No Post Office Box):

Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

Billing Address, if different from service address (may include Post Office Box):

Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

Is this a temporary address? No ☐ Yes ☐

LIFELINE PROGRAM REQUIREMENTS

1. "One-per-Household" Requirement

- Only one person in a household can qualify to receive Lifeline Program benefits.
- A "household" is any individual or group of individuals who live together at the same address and share income and expenses.
- Only one residence telephone service in a household can receive Lifeline Program support.
- A household may not receive Lifeline benefits from multiple service providers.

_____ My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States government.

Do you live at an address at which there are multiple households? No ☐ Yes ☐

If yes, you must complete a supplemental form from FairPoint to determine your eligibility.

2. You must meet program participation requirements or meet household income requirements.

I (or my dependent or a member of my household) receive(s) benefits from at least one of the programs listed below OR my household meets the income requirement below:

(Check the box for each category which applies.)

☐ Medicaid

☐ Supplemental Security Income

☐ Low Income Home Energy Assistance Program

☐ National School Lunch/Free Lunch Program (NSL)

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Federal Public Housing (Section 8)

☐ Temporary Assistance for Needy Families (TANF)

☐ Household Income at or below 135% of Federal Poverty Level

There are _____ people in my household.

☐ I **do not** receive benefits from a program listed above. The full name of my dependent or member of my household who **does** receive benefits from a program listed above is _____.

To complete your application, **you must send proof of your participation in one program checked above or proof of your household income.** See Questions and Answers to determine what documentation can be accepted.

3. You must acknowledge these critical notification obligations.

You have obligations if you receive Lifeline Program benefits. You must *initial* the statements below to acknowledge you understand your obligations:

_____ I will notify FairPoint within 30 days if I (or my dependent or household member) no longer participate(s) in the federal programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.

_____ I will notify FairPoint within 30 days if I or my household begins to receive more than one Lifeline Program benefit.

_____ I will notify FairPoint within 30 days if I no longer qualify for Lifeline support for any reason.

_____ **I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.**

4. You must certify the following statements.

I hereby certify under penalty of perjury that:

_____ I (or my dependent or other member of my household) currently receive(s) benefits from the federal program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines.

_____ I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household does not now receive Lifeline Program benefits.

_____ My household is not receiving a Lifeline Program benefit from more than one landline or wireless service provider.

_____ I agree not to transfer my Lifeline Program benefits to another person.

_____ I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.

_____ I agree that FairPoint may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by FairPoint and the means thorough which I qualify for Lifeline Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

_____ FairPoint may continue to monitor my participation in the identified federal program(s) for continued eligibility for Lifeline Program benefits

_____ I agree to allow FairPoint to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.

_____ All of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.

_____ I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

Signature_____

Date _____

Mail your completed application and supporting documentation to:

**FairPoint Communications
Consumer Service Response Center
PO Box 11560
Portland, ME 04104**

Questions and Answers

Q. What documents can I provide to FairPoint to prove I receive benefits from a listed federal/state program?

- A. DO NOT SEND ORIGINAL DOCUMENTS.** Copies of documents which FairPoint can accept as evidence of your participation in a listed federal/state program are:
1. A current or prior year statement of benefits from a listed program,
 2. Notice letter of participation in a listed program,
 3. Program participation document (for example, a copy of a SNAP electronic benefit transfer card or Medicaid participation card), or
 4. Other official document demonstrating that you, your dependent or your household receives benefits under a listed federal/state program.

Q. What documents can I provide to FairPoint to prove my household income is equal to or less than 135% of Federal Poverty Guidelines?

- A. DO NOT SEND ORIGINAL DOCUMENTS.** To establish that you qualify for the Lifeline program because your **household** income is at or below 135% less of the Federal Poverty Level, you must submit the one of the documents listed below:
1. A prior year's state or federal tax return
 2. A current income statement from employer or paycheck stub
 3. A Social Security statement of benefits
 4. A Veteran's Administration Statement of Benefits
 5. A retirement/pension statement of benefits
 6. A federal notice of participation in General Assistance
 7. A divorce decree
 8. A child support award, or
 9. Other official document containing income information.

If the documentation of your household income does not cover a full year, you must provide the same type of documentation covering three consecutive months within the previous twelve months.

You must provide proof of *all* household income (both taxable and non taxable) for you and anyone in your household that is not a dependent.

Q. What are the Federal Poverty Guidelines?

- A.** The applicable 2012 Federal Poverty Income Guidelines are:

Persons in Household	2012 Federal Poverty Levels	135% of Federal Poverty Levels
1	\$11,170	\$15,079.50
2	\$15,130	\$20,425.50
3	\$19,090	\$25,771.50
4	\$23,050	\$31,117.50
5	\$27,010	\$36,463.50
6	\$30,970	\$41,809.50
7	\$34,930	\$47,155.50
8	\$38,890	\$52,501.50
9+	\$38,890 plus \$3,960/each add'l person	\$52,501.50 plus \$5,346/each add'l person

This information is regularly updated by the Federal Government.

Q. If I have questions, what FairPoint office should I contact?

- A. Please call 1.866.984.2001.**